

## TOWN OF DISCOVERY BAY





## **APPLICATION FOR WATER SERVICE**

vater Service Location:			Service Start Date:	
Property Ov	vner Name: (LAST / FIRST)		Birthdate:	Driver Lic.#
Property Ov	vner Mailing Address:			
Property Ov	vner Phone:	Cell:	Email:	
water utility <b>all outstan</b>	y owner name and addres services to be established ding water payment amo uring the time of property	. <u>The property owne</u> unts due and payab	r shall at all times be	e responsible for any and
I, as owner of the service location, request that water bills be sent to me at:  My mailing address (same as above) Other address:  OR  I, as owner of the service address, hereby authorize and designate the following company/person named below to receive billings for and make payments on water service. Such company/person is permitted access to the account.				
Billing	eany/Billing Name:  Address:  act Phone:		Email:	
n accordan	ce with the Town's Ordina	nces, I understand, a	cknowledge and agree	e that:
ir o re re • T p • I • A	am financially responsible acluding rates, charges, feet wnership, regardless of an emains in effect regardless eceive billings and make pathe Town has the right to drovided for in the Town's Cam responsible for any and any company/individual descount is permitted to remain discontinuation of service	es, late fees and penary authorization and dispute between ayments. It is connect water service of all Town Ordinance signated by me to receive their name without	lities accrued during the irection to have the bill en me and the personce for non-payment of violations on this properve billing and make put my (property owner).	ne time of my property lings sent to another. This /company I designated to water service bills as perty. Dayments on the water s) authorization.
Property Ov	vner Signature		Date	
	Sign and sen	d completed form to	· waterann@todb.ca	. aov